

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FIRED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

BEST AVAILABLE COPY